

Discovery Questionnaire Guideline Form (Exhibit CEM - N)

1	What makes you happy? / What do you enjoy doing?
John likes to eat food a lot (he likes cereal, M&M's, Skittles). <i>One two-three at a time to deescalate behaviors</i>	
2	What are your favorite activities and hobbies?
"Going for car rides" [John's statement] "John likes to write & spell" [Helen Kriewaldt] "Like cheerios with milk" [John's statement] According to Helen Kriewaldt, John enjoys the following activities: Watching on television: Basketball, Price is Right, Jeopardy, Wheel of Fortune, Mac'N Me, Cops. Likes watching Children's movies: e.g. Wizard of Oz, E.T., My Girl Likes to go to Goodwill Likes to walk-around, esp. in Southridge Mall <i>John will ask rhetorical questions and mom stated to say OK John in 5 mins And to keep repeating that DW</i> (DO NOT LET JOHN VIEW WRESTLING MOVIES!)	
3	What do you do well? / What are your areas of strength?
John is very good, according to his mother, with: Spelling, Math Exercises, Plays "Hang-Man," Likes hand held math games.	
4	What do you not do so well? / What do you need assistance with?
<p>TOILETING: Right now, according to John's mother, John has lost his ability, in last 3 years, since his MCBHD admission, to toilet himself. He had to be kept in a Geri-Chair for behavioral control reasons. He is incontinent for urine and feces and wears adult diapers. He needs help changing diapers and skins care. John would greatly benefit from going on a staff-supervised toileting schedule with a positive reward system. <i>tell him to go to potty every 30 mins and we will clap and sing and read. let John choose which one -DW-</i></p> <p>CHOKING RISK: Right now, according to John's mother, he shoves food in his mouth and does not chew it. He simply swallows it which has led to some choking incidents. According to John's mother, this started happening about 3 months ago, when he stopped going to MCFI. John's eating must be monitored closely, all of his food must be cut up very small. He needs supervision to eat slowly and chew, swallow, take a sip of fluid. No peanut butter or foods which would present a serious choking risk. Fluid regulation, not so much for polydipsia, but so he does not choke while drinking. AVOID CAFFEINE.</p> <p>SEIZURE ACTIVITY: John has not had a grand mal seizure in 5 years, however, he does enter into crying and staring behavior. Thus, John is not allowed to go on to a computer for at least 3 hours after waking in the morning. Staff must monitor him for any fearful staring and note when it begins, any antecedents /correlatives (e.g. environmental stressors, stimuli), and the intensity and duration of the episode. Nurse must be notified immediately as well as Helen Kriewaldt, mother/guardian, to notify her of episode.</p> <p>MEDICATION REGIMEN: John is adherent to taking his medications. However, staff must place the capsule, pill/tablet, 1 at a time, on his tongue which he pushes back himself and swallows, at which time, staff give him fluid to drink, to wash it down.</p> <p>ACTIVITIES OF DAILY LIVING: John needs help with bathing. He likes to take bubble baths. His hair must be shampooed for him. He likes to brush his own teeth with an electric toothbrush (but with supervision). He will need one or two baths per day due to his incontinence and PRN skin care also due to incontinence. <i>John will ask for help after attempting to try himself -DW-</i></p> <p>AGGRESSION: John has a history of striking out unpredictably at others. He spits at others, also in an unpredictable fashion. He also swears in an unpredictable fashion at others. He needs to be kept away from other residents in the house when he is showing these aggressive behaviors. <i>John will slap you and spit, keep MASK on face, push+shove, and throw his books pens -DW-</i></p> <p>RUNNING AWAY: John has a history of elopement and of running toward the doors. All of the doors in his mothers' house are locked and John is unable to unlock them. John will need to be on 1:1 supervision on all shifts. 3rd shift can simply watch his door or follow him in the house when he is up. He will need 1:1 insight care at all other times of the day. <i>will try to exit out of upper or lower level exit</i></p> <p>RANSPORTATION NEEDS: John needs a separate staff escorting him in the van/vehicle beside the driver as he tries opening doors or strikes out at others/driver.</p>	

BELL THERAPY

SELF-INJURIOUS BEHAVIORS: John has a history of stomping his feet and banging his lower extremities to the point of bruising himself or causing sores. He needs to be monitored for any banging of his body extremities, esp. when over-stimulated or under-stimulated. (re: autism).

5 Can you share some examples of things that upset or frustrate you?

According to John's mother, John is frustrated by:
Feeling hungry (most of time)
Feeling bored/under-stimulated

If you have witnessed John eat and he repeatedly states he is hungry tell him in 5mins/ or wait next meal exp lunch, dinner break

6 When you become upset or frustrated, what responses work well to help you regain composure?

Staff will need to use various activities to calm him down if agitated which include: Music, Karaoke game, playing hang-man, spelling, math problems, 1:1 attention, reading paper.

7 What would you say would be your desired outcomes of treatment (his ultimate goal) from services received by us?

According to Helen Kriewaldt,

1. For John not having to go back to BHD for any sort of care is a big DOT (for either respite or hospitalization for destabilization).
2. To have daily respite services at DOE and occasionally at group home so Helen can get out of the house daily to have time to herself and devote herself to sick relatives. IMPROVEMENT OF MOTHER/MAIN CAREGIVER'S QUALITY OF LIFE.

8 What would you need in order to be successful during the transition to our services?

1. Tour/Welcoming Party
2. Obtain sensory toys and materials John likes.
3. Supply of adult diapers at CBRF and DOE.
4. Medical Orders for all medications (so group home staff can pass all prescribed medications)
5. Ample supply of medications.
6. Full contact information with family members during respite stays for consultation/updates

9 What would you need in order to be successful during the transition to our services?

1. CXR results within last 90 days of admission.
2. FFCD Statement
3. Medical Orders for all medications and treatments
4. Authorizations for CBRF Respite Services from Curative Family Care
5. Authorization for Day Vocational Services from Curative Family Care
6. Authorization for transportation services to/from day program from Curative Family Care.

Additional questions based on submitted consumer information requiring clarification:

10

INTERVIEWER'S NAME & TITLE

INTERVIEWER'S SIGNATURE

INTERVIEW DATE

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2/6/12

Ron Mendyke, Clinical Director, Bell Therapy

2/6/12

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2/6/12